

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

97 County Saline  
 5 Township  
 7 City Marshall

Registration District No. 796  
 Primary Registration District No. 3738

File No. 25272  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>11</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>E. P. Brown M. D.</u> (ADDRESS) <u>Marshall Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Saline Co. Home</u> DATE <u>July 20, 1933</u>
19. UNDERTAKER <u>J. W. Camp Bell</u> (ADDRESS) <u>Marshall Mo.</u>
20. FILED <u>8-3-</u> 19 <u>33</u> <u>J. P. Putnam</u> Registrar

## MEDICAL CERTIFICATE OF DEATH

3  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1933  
 I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to July 19, 1933  
 I last saw him alive on July 18, 1933. Death is said to have occurred on the date stated above, at 12:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of 1st Cervical Vertebra  
212-15  
212-15  
111-15  
 Other contributory causes of importance:  
Hypostatic Pneumonia  
 Date of onset 7-15-33  
7-17-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 7-11, 1933  
 Where did injury occur? Marshall Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Industry  
 Manner of injury Fell from wagon  
 Nature of injury Fracture of 1st Cervical Vertebra  
 24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Yes  
 (Signed) A. F. Brown, M. D.  
 (Address) Marshall Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1933

